



Audits – Bay & Central Region
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(510) 622-2584, FAX (510) 622-2585

May 20, 2009

Nancy Pena, Ph.D., Director
Santa Clara County Valley Health & Hospital System
Mental Health Department
828 South Bascom Avenue, Suite 200
San Jose, CA 95128

Dear Dr. Pena:

AUDIT REPORT – SANTA CLARA COUNTY MENTAL HEALTH SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Santa Clara County Mental Health Services for the fiscal period July 1, 2003 to June 30, 2004. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

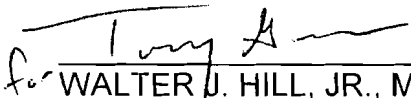
	<u>Net Program Costs</u>		
	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 38,998,044	\$ 39,376,108	\$ 378,064
Federal Share of Healthy Families	\$ 24,088	\$ 17,936	\$ (6,152)

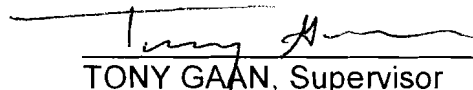
Nancy Pena, Ph.D., Director
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State General Funds			
EPSDT Due County	\$ 7,927,799	\$ 8,515,620	\$ 587,821

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,


WALTER J. HILL, JR., MBA, EA
Chief of Audits


TONY GAAN, Supervisor
Audits – Bay & Central Region

Enclosures

CERTIFIED MAIL

SANTA CLARA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2004

		As Settled	Audit Adjustments	As Audited
<u>NET REIMBURSABLE MEDI-CAL</u>				
<u>PROGRAM COSTS</u>				
<u>COUNTY PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 2a)	\$ 17,078,441	\$ (1,164,557)	\$ 15,913,884
HEALTHY FAMILIES - FFP	(Sch. 2a)	2,822	(2,822)	0
TOTAL FFP - COUNTY PROVIDERS		\$ 17,081,263	\$ (1,167,379)	\$ 15,913,884
<u>CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 3b)	\$ 21,919,603	\$ 1,542,621	\$ 23,462,224
HEALTHY FAMILIES - FFP	(Sch. 3b)	21,266	(3,330)	17,936
TOTAL FFP - CONTRACT PROVIDERS		\$ 21,940,869	\$ 1,539,291	\$ 23,480,160
<u>TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 38,998,044	\$ 378,064	\$ 39,376,108
HEALTHY FAMILIES - FFP		24,088	(6,152)	17,936
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS		\$ 39,022,132	\$ 371,912	\$ 39,394,044
<u>SUMMARY OF STATE GENERAL FUNDS</u>				
EPSDT - SGF	(Sch 4)	7,927,799	587,821	\$ 8,515,620

Note: The As Settled amount includes a refund of \$492 to the State subsequent to the initial EPSDT settlement. (Refer to Adjustment 121)

SANTA CLARA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2004

COUNTY OPERATED FEDERAL

		Audit		
		As Settled	Adjustments	As Audited
Total Medi-Cal Gross Reimbursement				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 8,814,837	\$ (2,881,246)	\$ 5,933,591
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	14,706,925	(796,336)	13,910,589
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	65,140	7,428	72,568
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	409	772	1,181
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	2,667	(2,667)	0
9. Total		\$ 23,589,978	\$ (3,672,048)	\$ 19,917,930

Less: Patient & Other Payor Revenues

10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 2,729,862	\$ (1,944,060)	\$ 785,802
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	712,207	(534,155)	178,052
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		\$ 3,442,069	\$ (2,478,215)	\$ 963,854

Medi-Cal Net Reimbursement for Direct Services

19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 6,084,975	\$ (937,186)	\$ 5,147,789
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	14,059,858	(254,753)	13,805,105
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	409	772	1,181
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	2,667	(2,667)	0
25. Total		\$ 20,147,909	\$ (1,193,833)	\$ 18,954,076

Medi-Cal MAA Reimbursement

26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 9,782	\$ 0	\$ 9,782
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	343,299	0	343,299
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	32,336	0	32,336
29. Total		\$ 385,417	\$ 0	\$ 385,417

**SANTA CLARA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2004**

COUNTY OPERATED FEDERAL

		As Settled	Audit Adjustments	As Audited
Amount Negotiated Rates Exceed Cost				
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	3	(3)	0
36. Total		<u>\$ 3</u>	<u>\$ (3)</u>	<u>\$ 0</u>

Medi-Cal Administrative Reimbursement

37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 10,013,972	\$ (87,742)	\$ 9,926,230
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ 14,418,266	\$ (1,352,191)	\$ 13,066,075
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	<u>\$ 10,013,972</u>	<u>\$ (87,742)</u>	<u>\$ 9,926,230</u>

Healthy Families Administrative Reimbursement

40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$ 3,538	\$ (779)	\$ 2,760
41. Healthy Families Administration	(MH1979, Ln 9)	\$ 1,676	\$ (1,676)	\$ 0
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	<u>\$ 1,676</u>	<u>\$ (1,676)</u>	<u>\$ 0</u>

Utilization Review Reimbursement

43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$ 1,365,085	\$ (649,616)	\$ 715,469
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	<u>\$ 184,475</u>	<u>\$ 8,521</u>	<u>\$ 192,996</u>

Net SD/MC Reimbursement - FFP

45. Direct Services	(MH1979, Ln 16,16A)	\$ 10,711,862	\$ (643,335)	\$ 10,068,527
46. Enhanced (Children)	(MH1979, Ln 17,17A)	42,340	4,829	47,169
47. Enhanced (Refugees)	(MH1979, Ln 18)	409	772	1,181
48. MAA	(MH 1979, Ln 11, 12 & 13)	200,792	0	200,792
49. Administrative Reimbursement	(MH1979, Ln 6)	5,006,986	(43,871)	4,963,115
50. U.R. Skilled Professional	(MH1979, Ln 14)	1,023,814	(487,212)	536,602
51. U.R. Other	(MH1979, Ln 15)	92,238	4,260	96,498
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		<u>\$ 17,078,441</u>	<u>\$ (1,164,556)</u>	<u>\$ 15,913,884</u>

54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55. Quality Assurance Review Results	(Adj #)	<u>0</u>	<u>0</u>	<u>0</u>

56. Total SD/MC Reimbursement - FFP		<u>\$ 17,078,441</u>	<u>\$ (1,164,556)</u>	<u>\$ 15,913,884</u>
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Net Healthy Families Reimbursement - FFP

57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$ 1,733	\$ (1,733)	\$ 0
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	<u>1,089</u>	<u>(1,089)</u>	<u>0</u>
60. Total Healthy Families Reimbursement - FFP		<u>\$ 2,822</u>	<u>\$ (2,822)</u>	<u>\$ 0</u>

61. Total - FFP (Ln 56 + Ln 60)		<u>\$ 17,081,263</u>	<u>\$ (1,167,378)</u>	<u>\$ 15,913,884</u>
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(To Sch. 1)

Legal Entity Number	Legal Entity	(1)		(2)			(3)			(4)			(5)		(6)		(7)			(8)			(9)			(10)	
		Medi-Cal and Crosscover Gross Cost		Enhanced - Children Gross Cost			Enhanced - Refugees Gross Cost			Total Gross Cost (Excl. HFP)			Healthy Families Gross Cost		Medi-Cal and Crosscover Gross Cost		Enhanced - Children Gross Cost			Enhanced - Refugees Gross Cost			Total Gross Cost (Excl. HFP)			Healthy Families Gross Cost	
		I	N	P	A	T	I	E	N	T	O	U	T	P	A	T	I	E	N	T	(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 6 to 8)	(MH 1968, Ln 27, 27A)		
		(MH 1968, Ln 5, 5A, 10,10A)		(MH 1968, Ln 16, 16A)		(MH 1968, Ln 22)		(Col. 1 to 3)		(MH 1968, Ln 27, 27A)		(MH 1968, Ln 5, 5A, 10, 10A)		(MH 1968, Ln 16, 16A)		(MH 1968, Ln 22)		(Col. 6 to 8)		(MH 1968, Ln 27, 27A)							
00144	Achieve	\$	0	\$	0	\$	0	\$	0	\$	0	\$	436,600	\$	5,001	\$	0	\$	441,601	\$	0				0		
00150	Family & Children Services	\$	0	\$	0	\$	0	\$	0	\$	0	\$	812,789	\$	16,619	\$	0	\$	829,408	\$	0				0		
00151	AACI	\$	0	\$	0	\$	0	\$	0	\$	0	\$	1,461,580	\$	45,922	\$	0	\$	1,507,502	\$	0			13,736			
00153	Catholic Charities	\$	0	\$	0	\$	0	\$	0	\$	0	\$	634,477	\$	3,036	\$	0	\$	637,513	\$	0				0		
00154	Chamberlain's	\$	0	\$	0	\$	0	\$	0	\$	0	\$	746,590	\$	12,987	\$	0	\$	759,577	\$	0				0		
00156	Eastfield Ming Quong, Inc.	\$	0	\$	0	\$	0	\$	0	\$	0	\$	12,205,930	\$	106,696	\$	0	\$	12,312,626	\$	0			7,754			
00157	Hope Rehabilitation Services	\$	0	\$	0	\$	0	\$	0	\$	0	\$	833,346	\$	0	\$	0	\$	833,346	\$	0				0		
00158	Indian Health Center	\$	0	\$	0	\$	0	\$	0	\$	0	\$	189,651	\$	650	\$	0	\$	190,301	\$	0				0		
00159	Inn Visions	\$	0	\$	0	\$	0	\$	0	\$	0	\$	121,081	\$	0	\$	0	\$	121,081	\$	0				0		
00160	Mekong Community Center	\$	0	\$	0	\$	0	\$	0	\$	0	\$	324,741	\$	0	\$	0	\$	324,741	\$	0				0		
00163	Ujima	\$	0	\$	0	\$	0	\$	0	\$	0	\$	474,510	\$	18,165	\$	0	\$	492,675	\$	0				0		
00164	Community Solutions	\$	0	\$	0	\$	0	\$	0	\$	0	\$	1,864,893	\$	14,964	\$	0	\$	1,879,857	\$	0				0		
00250	Children's Health Council	\$	0	\$	0	\$	0	\$	0	\$	0	\$	218,992	\$	5,933	\$	0	\$	224,925	\$	0				425		
00251	Gardner Family Care Corp.	\$	0	\$	0	\$	0	\$	0	\$	0	\$	3,188,952	\$	64,354	\$	362	\$	3,253,668	\$	0				340		
00255	Odd-Fellow Rebeka	\$	0	\$	0	\$	0	\$	0	\$	0	\$	3,548,728	\$	27,049	\$	0	\$	3,575,777	\$	0				5,340		
00689	Alliance for Community Care	\$	0	\$	0	\$	0	\$	0	\$	0	\$	10,662,307	\$	23,677	\$	0	\$	10,685,984	\$	0				0		
00716	Grace Baptist	\$	0	\$	0	\$	0	\$	0	\$	0	\$	546,024	\$	0	\$	0	\$	546,024	\$	0				0		
00840	Starlight Adolescent	\$	0	\$	0	\$	0	\$	0	\$	0	\$	3,322,295	\$	19,834	\$	0	\$	3,342,129	\$	0				0		
00959	Eastern European Serv. Agy	\$	0	\$	0	\$	0	\$	0	\$	0	\$	252,285	\$	0	\$	1,343	\$	253,628	\$	0				0		
01031	Oasis Care, Inc	\$	0	\$	0	\$	0	\$	0	\$	0	\$	2,038,984	\$	0	\$	0	\$	2,038,984	\$	0				0		
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		\$	0	\$	0	\$	0	\$	0	\$	0	\$	0	\$	0	\$	0	\$	0	\$	0				0		
		\$	0	\$	0	\$	0	\$	0	\$	0	\$	0	\$	0	\$	0	\$	0	\$	0				0		
		\$	0	\$	0	\$	0	\$	0	\$	0	\$															

	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
Legal Entity	Total Revenue (Excl. HFP)	Healthy Families Revenue	Total Revenue (Excl. HFP)	Healthy Families Revenue	Total Net Cost (Excl. HFP)	Net Cost Healthy Families	Total Net Cost (Excl. HFP)	Net Cost Healthy Families	Total MAA FFP
Number	Inpatient	Inpatient	Outpatient	Outpatient	Inpatient	Inpatient	Outpatient	Outpatient	Reimbursement
Legal Entity	(MH 1968, Ln 28 to 30)	(MH 1968, Ln 31)	(MH 1968, Ln 28 to 30)	(MH 1968, Ln 31)	(Col 4-11)	(Col 5-12)	(Col 9-13)	(Col 10-14)	(MH 1979, Ln 11-13)
00144 Achieve	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 441,601	\$ 0	0
00150 Family & Children Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 829,408	\$ 0	0
00151 AACI	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,507,502	\$ 13,736	0
00153 Catholic Charities	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 637,513	\$ 0	0
00154 Chamberlain's	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 759,577	\$ 0	0
00156 Eastfield Ming Quong, Inc.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 12,312,626	\$ 7,754	0
00157 Hope Rehabilitation Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 833,346	\$ 0	0
00158 Indian Health Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 190,301	\$ 0	0
00159 Inn Visions	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 121,081	\$ 0	0
00160 Mekong Community Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 324,741	\$ 0	0
00163 Ujima	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 492,675	\$ 0	0
00164 Community Solutions	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,879,857	\$ 0	0
00250 Children's Health Council	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 224,925	\$ 425	0
00251 Gardner Family Care Corp	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 3,253,668	\$ 340	0
00255 Odd-Fellow Rebeka	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 3,575,777	\$ 5,340	0
00669 Alliance for Community Care	\$ 0	\$ 0	\$ 54,183	\$ 0	\$ 0	\$ 0	\$ 10,631,801	\$ 0	0
00716 Grace Baptist	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 546,024	\$ 0	0
00840 Starlight Adolescent	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 3,342,129	\$ 0	0
00959 Eastern European Serv. Agcy	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 253,628	\$ 0	0
01031 Oasis Care, Inc.	\$ 0	\$ 0	\$ 12,436	\$ 0	\$ 0	\$ 0	\$ 2,026,548	\$ 0	0
0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0
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0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0
0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0
0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0
GRAND TOTAL	\$ 0	\$ 0	\$ 66,619	\$ 0	\$ 0	\$ 0	\$ 44,184,728	\$ 27,595	0

[illegible]

SANTA CLARA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
COMPUTATION OF EPSDT STATE SHARE PER AUDIT
FISCAL YEAR ENDED JUNE 30, 2004

		As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	\$	55,109,218	\$ 2,881,797	\$ 57,991,015
(2) Total SD/MC Claims (Adjs 113, 115 & 117)		61,451,702	(1,717)	61,449,985
(3) Percent % (Line 1/Line 2)		0.8968	0.0469	0.9437
(4) EPSDT Claims (Adjs 114, 116 & 118)		29,829,955	(1,717)	29,828,238
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)		26,751,504	1,397,404	28,148,908
(6) Cost Settled Baseline for EPSDT		9,460,452	0	9,460,452
(7) Net Cost Settlement Amount (Line 5 - Line 6)		17,291,052	1,397,404	18,688,456
(8) 46.70% of Cost Settlement Amount (Line 7 x 46.70%)		8,074,921	652,588	8,727,509
(8a) FY 2001-02 EPSDT Settlement		6,608,623	0	6,608,623
(8b) Annual Local Growth (L. 8 - 8a)		1,466,298	652,588	2,118,886
(9) County Match 10% of Local Growth (8b x 10%)		146,630	65,259	211,889
(10) Net Cost Settlement Amount (L. 8 - 9) (Adjustment 119)		7,928,291	587,329	8,515,620
(11) SGF Distribution (Settled and Audited) (Adjustments 120 - 122)		7,928,291	(492)	7,927,799
(12) SGF Due County (Adjustment 123)	\$	<u>0</u>	\$ <u>587,821</u>	\$ <u>587,821</u>
				(To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2003-2004, includes increase for FFS/MC provider rate increase.
- (7) Settlement amount prior to 10% match calculation (8) - (9)
- (11) SGF gross distribution (See DMH letter dated August 1, 2003 sent to Local Mental Health Directors) Includes adjustment for additional SGF or Audit Recovery.
- (12) Amount owed back to the state cannot be more than was advanced.

**SANTA CLARA COUNTY
HEALTH AND HUMAN SERVICES AGENCY
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FOR FISCAL PERIOD ENDED JUNE 30, 2004**

1. COMMENT: EPSDT STATE GENERAL FUND SETTLEMENT

The attached Schedule 4 entitled "Computation of EPSDT State Share per Audit" shows \$587,821 due to the County in State General Funds (Line 12). However, the State General fund appropriation for fiscal year 03-04 has reverted which means that there are no SGF available with which to make such a payment. Following are quotes from pertinent sections of the Government Code concerning SGF appropriations, reversions and payments:

Section 16304

"An appropriation shall be available for encumbrance during the period specified therein, or, if otherwise not limited by law, for three years after the date upon which it first became available for encumbrance. (Emphasis added)

Section 16304.1

" Upon the expiration of two years, or four years in the case of a fund made up of federal funds, following the last day of the period of its availability, the undisbursed balance in any appropriation shall revert to and become a part of the fund from which the appropriation was made. Subsequent to reversion any unpaid encumbrance against the appropriation may be paid from the current appropriations available for the same purpose....."

Note: County's response has not been received before this audit was issued.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS

MH 1960 (08/04)

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY
County Code: 43

Legal Entity: SANTA CLARA COUNTY		A	B	C
Legal Entity Number: 00043		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	33,082,121	166,183,119	199,265,240
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(71,761,928)	(71,761,928)
4	Other Adjustments from MH 1962	(2,180,704)	(13,496,554)	(15,677,258)
5	Total Costs Before Medi-Cal Adjustments	30,901,417	80,924,637	111,826,054
6	Medi-Cal Adjustments from MH 1961		(15,967,137)	(15,967,137)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			95,858,917
	Administrative Costs (County Only)			
9	SD/MC Administration			13,066,075
10	Healthy Families Administration			0
11	Non-SD/MC Administration			11,498,422
12	Total Administrative Costs			24,564,497
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			715,469
14	Other SD/MC Utilization Review			192,996
15	Non-SD/MC Utilization Review			788,470
16	Total Utilization Review Costs			1,696,935
	Research and Evaluation (County Only)			
17	Mode Costs (Direct Service and MAA)			69,597,485
18				
19	Total Costs - Lines 9 through 18			95,858,917

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (08/04)

DEPARTMENT OF MENTAL HEALTH
FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY
County Code: 43

Legal Entity: SANTA CLARA COUNTY		A	B	C
Legal Entity Number: 00043		Salaries and Benefits	Other	Total Adjustments
Per Original Cost Report				
1	Reverse prior year claim		(401,469)	(401,469)
2	Adjustment to Obj 7		1,840,311	1,840,311
3	Eliminate the equipment purchased in Obj 4		(122,386)	(122,386)
4	Depreciation of building & equipment		104,272	104,272
5	Misc. revenue offset		(179,430)	(179,430)
6	Year end Audit Adjustment		(11,864,736)	(11,864,736)
7	Adj the year end audit entries related to py		3,763,442	3,763,442
8			(10,590,852)	(10,590,852)
9	Per Audit			
10	To adjust the equipment purchased in Obj 4 to			
11	reflect the amount that should have been taken		99,197	99,197
12	To adjust Depreciation of building & equipment to			
13	reflect the allowable amount		(18,431)	(18,431)
14	To adjust Y/E audit entries related to the prior year			
15	to reflect the audited amount		1,402,945	1,402,945
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35	Total Adjustments		(15,967,137)	(15,967,137)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
OTHER ADJUSTMENTS
MH 1962 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY
County Code: 43

Legal Entity: SANTA CLARA COUNTY		A	B	C
Legal Entity Number: 00043		Salaries and Benefits	Other	Total Adjustments
Per Original Cost Report				
1	State Hospital		(4,483,536)	(4,483,536)
2	Highview OBS Facility		290,147	290,147
3	Board and Care Contracts SB 155		(1,505,740)	(1,505,740)
4	State Hospital/IMD Staff	(1,186,219)	(44,514)	(1,230,733)
5	IMD's		(13,125,755)	(13,125,755)
6	Charter Hospital		(4,617,439)	(4,617,439)
7	Cross System Evaluation	(222,204)	(58,665)	(280,869)
8	Alcohol & Drug Program	(772,281)	(36,578)	(808,859)
9	Reverse SCVMC est. IP/EPS Cost		(26,003,100)	(26,003,100)
10	To incorporate actual Dir Svc IP/EPS		32,684,002	32,684,002
11	Adj the IP & OP Consolidation to actual claim		(433,005)	(433,005)
12	Per Audit			
13	To adjust IP/EPS costs to agree with the GL		433,853	433,853
14	To adjust Dir Svc IP/EPS to reflect actual expenditures		(99,841)	(99,841)
15	To adjust Board & Care to reflect actual expenditures		75,360	75,360
16	To adjust IMD to reflect actual IMD costs		1,957,877	1,957,877
17	To adjust Charter Hospital to agree with County records		4,278,859	4,278,859
18	To exclude Charter Adult costs per County records		(1,848,004)	(1,848,004)
19	To adjust FFS to reflect the actual claims		42,320	42,320
20	To eliminate I/P consolidation reported on MH 1960		(1,002,795)	(1,002,795)
21	Total Adjustments	(2,180,704)	(13,496,554)	(15,677,258)

**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO MODES OF SERVICE
MH 1964 (08/04)**

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY
County Code: 43

Legal Entity: SANTA CLARA COUNTY		A
Legal Entity Number: 00043		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	69,597,485
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	21,204,905
3	Other 24 Hour Services (Mode 05-All Other SFC)	6,963,499
4	Day Services (Mode 10)	10,536,306
5	Outpatient Services (Mode 15 Program 1 + Program 2)	30,049,902
6	Outreach Services (Mode 45)	114,758
7	Medi-Cal Administrative Activities (Mode 55)	728,115
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	69,597,485

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY		NR		CR			
County Code: 43							
Legal Entity: SANTA CLARA COUNTY		A	B	C	D	E	F
Legal Entity Number: 00043			Service	Service	Service	Service	Service
Mode: 05 - Hospital Inpatient (SFC 10-19)		Mode Total	Function	Function	Function	Function	Function
			10	19			
1	Allocation Percentage	100.00%	74.37%	25.63%			
2	Total Units		13,109	4,517			
3	Gross Cost	21,204,905	15,770,740	5,434,165			
4	Cost per Unit		1,203.05	1,203.05			
5	SMA per Unit		873.40	236.78			
6	Published Charge per Unit		1,056.00	1,056.00			
7	Negotiated Rate / Cost per Unit		873.40	236.78			
8	Medi-Cal Units	07/01/03 - 09/30/03	1,118	514			
8A		10/01/03 - 06/30/04	3,300	1,895			
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03	884	41			
9A		10/01/03 - 06/30/04					
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03					
10A		10/01/03 - 06/30/04					
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04					
11		07/01/03 - 09/30/03					
11A	Healthy Families (SED) Units	10/01/03 - 06/30/04					
12							
12	Non-Medi-Cal Units		7,807	2,067			
13	Medi-Cal Costs	07/01/03 - 09/30/03	1,963,373	1,345,006	618,366		
13A		10/01/03 - 06/30/04	6,249,829	3,970,054	2,279,775		
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	1,289,478	976,461	313,017		
14A		10/01/03 - 06/30/04	3,872,028	2,882,220	989,808		
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	1,723,392	1,180,608	542,784		
15A		10/01/03 - 06/30/04	5,485,920	3,484,800	2,001,120		
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03	1,289,478	976,461	313,017		
16A		10/01/03 - 06/30/04	3,872,028	2,882,220	989,808		
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03	1,112,818	1,063,493	49,325		
17A		10/01/03 - 06/30/04					
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03	772,086	772,086			
18A		10/01/03 - 06/30/04					
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03	976,800	933,504	43,296		
19A		10/01/03 - 06/30/04					
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03	772,086	772,086			
20A		10/01/03 - 06/30/04					
21	Enhanced SD/MC (Children) Costs	07/01/03 - 09/30/03					
21A		10/01/03 - 06/30/04					
22	Enhanced SD/MC (Children) SMA Upper Limits	07/01/03 - 09/30/03					
22A		10/01/03 - 06/30/04					
23	Enhanced SD/MC (Children) Published Charges	07/01/03 - 09/30/03					
23A		10/01/03 - 06/30/04					
24	Enhanced SD/MC (Children) Negotiated Rates	07/01/03 - 09/30/03					
24A		10/01/03 - 06/30/04					
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04					
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04					
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04					
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04					
29	Healthy Families Costs	07/01/03 - 09/30/03					
29A		10/01/03 - 06/30/04					
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03					
30A		10/01/03 - 06/30/04					
31	Healthy Families Published Charges	07/01/03 - 09/30/03					
31A		10/01/03 - 06/30/04					
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03					
32A		10/01/03 - 06/30/04					
33	Non-Medi-Cal Costs		11,878,885	9,392,186	2,486,699		

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH
PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY		CR					
County Code: 43							
Legal Entity: SANTA CLARA COUNTY		A	B	C	D	E	F
Legal Entity Number: 00043			Service	Service	Service	Service	Service
Mode: 05 - Other 24 Hour Services (All Other SFC)		Mode Total	Function	Function	Function	Function	Function
			50				
1	Allocation Percentage	100.00%	100.00%				
2	Total Units		13,986				
3	Gross Cost	6,963,499	6,963,499				
4	Cost per Unit		497.89				
5	SMA per Unit						
6	Published Charge per Unit						
7	Negotiated Rate / Cost per Unit		497.89				
8	Medi-Cal Units	07/01/03 - 09/30/03					
8A		10/01/03 - 06/30/04					
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03					
9A		10/01/03 - 06/30/04					
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03					
10A		10/01/03 - 06/30/04					
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04					
11	Healthy Families (SED) Units	07/01/03 - 09/30/03					
11A		10/01/03 - 06/30/04					
12	Non-Medi-Cal Units		13,986				
13	Medi-Cal Costs	07/01/03 - 09/30/03					
13A		10/01/03 - 06/30/04					
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03					
14A		10/01/03 - 06/30/04					
15	Medi-Cal Published Charges	07/01/03 - 09/30/03					
15A		10/01/03 - 06/30/04					
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03					
16A		10/01/03 - 06/30/04					
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03					
17A		10/01/03 - 06/30/04					
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03					
18A		10/01/03 - 06/30/04					
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03					
19A		10/01/03 - 06/30/04					
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03					
20A		10/01/03 - 06/30/04					
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03					
21A		10/01/03 - 06/30/04					
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03					
22A		10/01/03 - 06/30/04					
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03					
23A		10/01/03 - 06/30/04					
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03					
24A		10/01/03 - 06/30/04					
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04					
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04					
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04					
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04					
29	Healthy Families Costs	07/01/03 - 09/30/03					
29A		10/01/03 - 06/30/04					
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03					
30A		10/01/03 - 06/30/04					
31	Healthy Families Published Charges	07/01/03 - 09/30/03					
31A		10/01/03 - 06/30/04					
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03					
32A		10/01/03 - 06/30/04					
33	Non-Medi-Cal Costs		6,963,499	6,963,499			

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY		NR						
County Code: 43								
Legal Entity: SANTA CLARA COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00043			Service	Service	Service	Service	Service	Service
Mode: 10 - Day Services		Mode Total	Function	Function	Function	Function	Function	Function
			20					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		106,736					
3	Gross Cost	10,536,306	10,536,306					
4	Cost per Unit		98.71					
5	SMA per Unit		85.68					
6	Published Charge per Unit		98.62					
7	Negotiated Rate / Cost per Unit		85.68					
8	Medi-Cal Units	07/01/03 - 09/30/03	7,757					
8A		10/01/03 - 06/30/04	17,387					
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03	2,356					
9A		10/01/03 - 06/30/04						
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03	30					
10A		10/01/03 - 06/30/04	73					
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04	9					
11	Healthy Families (SED) Units	07/01/03 - 09/30/03						
11A		10/01/03 - 06/30/04						
12	Non-Medi-Cal Units		79,124					
13	Medi-Cal Costs	07/01/03 - 09/30/03	765,722	765,722				
13A		10/01/03 - 06/30/04	1,716,335	1,716,335				
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	664,620	664,620				
14A		10/01/03 - 06/30/04	1,489,718	1,489,718				
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	764,995	764,995				
15A		10/01/03 - 06/30/04	1,714,706	1,714,706				
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03	664,620	664,620				
16A		10/01/03 - 06/30/04	1,489,718	1,489,718				
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03	232,569	232,569				
17A		10/01/03 - 06/30/04						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03	201,862	201,862				
18A		10/01/03 - 06/30/04						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03	232,349	232,349				
19A		10/01/03 - 06/30/04						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03	201,862	201,862				
20A		10/01/03 - 06/30/04						
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03	2,961	2,961				
21A		10/01/03 - 06/30/04	7,206	7,206				
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	2,570	2,570				
22A		10/01/03 - 06/30/04	6,255	6,255				
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03	2,959	2,959				
23A		10/01/03 - 06/30/04	7,199	7,199				
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03	2,570	2,570				
24A		10/01/03 - 06/30/04	6,255	6,255				
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04	888	888				
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04	771	771				
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04	888	888				
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04	771	771				
29	Healthy Families Costs	07/01/03 - 09/30/03						
29A		10/01/03 - 06/30/04						
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03						
30A		10/01/03 - 06/30/04						
31	Healthy Families Published Charges	07/01/03 - 09/30/03						
31A		10/01/03 - 06/30/04						
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03						
32A		10/01/03 - 06/30/04						
33	Non-Medi-Cal Costs		7,810,623	7,810,623				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY		NR		NR		NR		NR			
County Code: 43											
Legal Entity: SANTA CLARA COUNTY		A		B		C		D		E	
Legal Entity Number: 00043				Service		Service		Service		Service	
Mode: 15 - Outpatient (Program 1)		Mode Total		Function		Function		Function		Function	
				01		10		60		70	
1	Allocation Percentage	100.00%		23.61%		52.19%		22.84%		1.36%	
2	Total Units			3,421,141		5,864,570		1,385,730		102,820	
3	Gross Cost	28,840,166		6,808,769		15,052,016		6,585,770		393,611	
4	Cost per Unit			1.99		2.57		4.75		3.83	
5	SMA per Unit			1.83		2.36		4.37		3.52	
6	Published Charge per Unit			2.10		2.71		5.03		4.05	
7	Negotiated Rate / Cost per Unit			1.83		2.36		4.37		3.52	
8	Medi-Cal Units	07/01/03 - 09/30/03		426,013		588,264		119,888		12,057	
8A		10/01/03 - 06/30/04		1,301,736		1,513,629		358,601		30,508	
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03				2,864		42,833			
9A		10/01/03 - 06/30/04		763		4,863		39,215			
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03		1,812		4,932		255			
10A		10/01/03 - 06/30/04		4,628		13,217		1,418		120	
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04									
11	Healthy Families (SED) Units	07/01/03 - 09/30/03									
11A		10/01/03 - 06/30/04									
12	Non-Medi-Cal Units			1,686,189		3,736,801		823,520		60,135	
13	Medi-Cal Costs	07/01/03 - 09/30/03		2,973,624		847,853		1,509,839		569,775	
13A		10/01/03 - 06/30/04		8,296,667		2,590,720		3,884,883		1,704,274	
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03		2,734,258		779,604		1,388,303		523,911	
14A		10/01/03 - 06/30/04		7,628,816		2,382,177		3,572,164		1,567,086	
15	Medi-Cal Published Charges	07/01/03 - 09/30/03		3,140,690		894,627		1,594,195		603,037	
15A		10/01/03 - 06/30/04		8,762,901		2,733,646		4,101,935		1,803,763	
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03		2,734,258		779,604		1,388,303		523,911	
16A		10/01/03 - 06/30/04		7,628,816		2,382,177		3,572,164		1,567,086	
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03		210,917		7,351		203,567			
17A		10/01/03 - 06/30/04		200,372		1,519		12,481		186,372	
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03		193,939		6,759		187,180			
18A		10/01/03 - 06/30/04		184,243		1,396		11,477		171,370	
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03		223,211		7,761		215,450			
19A		10/01/03 - 06/30/04		212,032		1,602		13,179		197,251	
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03		193,939		6,759		187,180			
20A		10/01/03 - 06/30/04		184,243		1,396		11,477		171,370	
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03		17,477		3,606		12,658		1,212	
21A		10/01/03 - 06/30/04		50,332		9,211		33,923		6,739	
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03		16,070		3,316		11,640		1,114	
22A		10/01/03 - 06/30/04		46,280		8,469		31,192		6,197	
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03		18,454		3,805		13,366		1,283	
23A		10/01/03 - 06/30/04		53,155		9,719		35,818		7,133	
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03		16,070		3,316		11,640		1,114	
24A		10/01/03 - 06/30/04		46,280		8,469		31,192		6,197	
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04									
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04									
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04									
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04									
29	Healthy Families Costs	07/01/03 - 09/30/03									
29A		10/01/03 - 06/30/04									
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03									
30A		10/01/03 - 06/30/04									
31	Healthy Families Published Charges	07/01/03 - 09/30/03									
31A		10/01/03 - 06/30/04									
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03									
32A		10/01/03 - 06/30/04									
33	Non-Medi-Cal Costs			17,090,778		3,355,860		9,590,880		3,913,831	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY		ASO		ASO	MHS	MHS	MHS	MHS
County Code: 43								
Legal Entity: SANTA CLARA COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00043			Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)			Function	Function	Function	Function	Function	Function
		Mode Total	10	60	10	60	11	12
1	Allocation Percentage	100.00%	4.58%	0.42%	3.53%	88.40%	0.96%	1.98%
2	Total Units		87,585	1,830	23,665	376,220	10,740	22,125
3	Gross Cost	1,209,737	55,453	5,042	42,729	1,069,351	11,553	23,898
4	Cost per Unit		0.63	2.76	1.81	2.84	1.08	1.08
5	SMA per Unit		2.36	4.37	2.36	4.37	2.36	2.36
6	Published Charge per Unit							
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/03 - 09/30/03		15	5,280	66,440	3,360	4,770
8A		10/01/03 - 06/30/04	21,750	315	13,295	191,985	3,840	16,185
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03						
9A		10/01/03 - 06/30/04						
10	Enhanced SD/MC Units	07/01/03 - 09/30/03				490		
10A		10/01/03 - 06/30/04						
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04			180	30		
11	Healthy Families (SED) Units	07/01/03 - 09/30/03						
11A		10/01/03 - 06/30/04						
12	Non-Medi-Cal Units		65,835	1,500	4,910	117,275	3,540	1,170
13	Medi-Cal Costs	07/01/03 - 09/30/03	207,187	41	9,533	188,846	3,614	5,152
13A		10/01/03 - 06/30/04	605,946	13,771	868	24,005	545,690	4,131
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	322,056	66	12,461	290,343	7,930	11,257
14A		10/01/03 - 06/30/04	970,316	51,330	1,377	838,974	9,062	38,197
15	Medi-Cal Published Charges	07/01/03 - 09/30/03						
15A		10/01/03 - 06/30/04						
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03						
16A		10/01/03 - 06/30/04						
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03						
17A		10/01/03 - 06/30/04						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03						
18A		10/01/03 - 06/30/04						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03						
19A		10/01/03 - 06/30/04						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03						
20A		10/01/03 - 06/30/04						
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03	1,393			1,393		
21A		10/01/03 - 06/30/04						
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	2,141			2,141		
22A		10/01/03 - 06/30/04						
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03						
23A		10/01/03 - 06/30/04						
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03						
24A		10/01/03 - 06/30/04						
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04	410		325	85		
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04	556		425	131		
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04						
29	Healthy Families Costs	07/01/03 - 09/30/03						
29A		10/01/03 - 06/30/04						
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03						
30A		10/01/03 - 06/30/04						
31	Healthy Families Published Charges	07/01/03 - 09/30/03						
31A		10/01/03 - 06/30/04						
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03						
32A		10/01/03 - 06/30/04						
33	Non-Medi-Cal Costs		394,800	41,682	4,133	8,865	333,337	3,808
								1,264

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY		MHS		MHS					
County Code: 43									
Legal Entity: SANTA CLARA COUNTY		H	I	J	K	L	M	N	
Legal Entity Number: 00043		Service	Service	Service	Service	Service	Service	Service	
Mode: 15 - Outpatient (Program 2)		Function	Function	Function	Function	Function	Function	Function	
		13	61						
1	Allocation Percentage	0.02%	0.13%						
2	Total Units	225	1,010						
3	Gross Cost	193	1,518						
4	Cost per Unit	0.86	1.50						
5	SMA per Unit	2.36	4.37						
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03							
8A		10/01/03 - 06/30/04							
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
9A		10/01/03 - 06/30/04							
10	Enhanced SD/MC Units	07/01/03 - 09/30/03							
10A		10/01/03 - 06/30/04							
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03							
11A		10/01/03 - 06/30/04							
12	Non-Medi-Cal Units	225	1,010						
13	Medi-Cal Costs	07/01/03 - 09/30/03							
13A		10/01/03 - 06/30/04							
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03							
14A		10/01/03 - 06/30/04							
15	Medi-Cal Published Charges	07/01/03 - 09/30/03							
15A		10/01/03 - 06/30/04							
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A		10/01/03 - 06/30/04							
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A		10/01/03 - 06/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A		10/01/03 - 06/30/04							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A		10/01/03 - 06/30/04							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A		10/01/03 - 06/30/04							
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03							
21A		10/01/03 - 06/30/04							
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03							
22A		10/01/03 - 06/30/04							
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
23A		10/01/03 - 06/30/04							
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A		10/01/03 - 06/30/04							
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
29	Healthy Families Costs	07/01/03 - 09/30/03							
29A		10/01/03 - 06/30/04							
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03							
30A		10/01/03 - 06/30/04							
31	Healthy Families Published Charges	07/01/03 - 09/30/03							
31A		10/01/03 - 06/30/04							
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A		10/01/03 - 06/30/04							
33	Non-Medi-Cal Costs	193	1,518						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY
County Code: 43

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Legal Entity: SANTA CLARA COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00043		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 45 - Outreach			10					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units							
3	Gross Cost	114,758	114,758					
4	Cost per Unit							
5	Non-Medi-Cal Units							
6	Non-Medi-Cal Costs	114,758	114,758					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DEPARTMENT OF MENTAL HEALTH
PAGE 1 OF 1
FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY		MAA		MAA		MAA		
County Code: 43								
Legal Entity: SANTA CLARA COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00043		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 55 - Medi-Cal Administrative Activities			07	14	24			
1	Allocation Percentage	100.00%	1.34%	90.16%	8.49%			
2	Total Units		10,755	536,085	22,290			
3	Total Expenditures	728,115	9,782	656,497	61,836			
4	Cost per Unit		0.91	1.22	2.77			
5	Non-Medi-Cal Costs	342,699						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MEI

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YE/

County: SANTA CLARA COUNTY
County Code: 43

Legal Entity: SANTA CLARA COUNTY		H	I	J	K	L	M
Legal Entity Number: 00043		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 55 - Medi-Cal Administrative Activities							
1	Allocation Percentage						
2	Total Units						
3	Total Expenditures						
4	Cost per Unit						
5	Non-Medi-Cal Costs						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

MH 1966 (08/04)
COUNTY: SANTA CLARA COUNTY
COUNTY CODE: 43

MH 1966 (08/04)
COUNTY: SANTA CLARA COUNTY
COUNTY CODE: 43

Legal Entity: SANTA CLARA COUNTY		N
Legal Entity Number: 00043		Service
Mode: 55 - Medi-Cal Administrative Activities		Function
1	Allocation Percentage	
2	Total Units	
3	Total Expenditures	
4	Cost per Unit	
5	Non-Medi-Cal Costs	

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT
MH 1968 (08/04)

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY County Code: 43 Legal Entity: SANTA CLARA COUNTY Legal Entity Number: 00043			REIMBURSEMENT TYPE				SMA	SMA			Costs	
			A	B	C	D	E	F	G	H	I	K
			Mode 55				Total Inpatient Mode 05- Hospital	Total Outpatient Exclude Program (2)			Total Mode 15 Program (2)	Total Outpatient (Col. I + Col. J)
			S. F.'s 01-09	S. F.'s 11-19, 31-39	S. F.'s 21-29	Total MAA		Mode 05-All Other	Mode 10	Mode 15 Program (1)		
1	Medi-Cal Costs	07/01/03 - 09/30/03					1,963,373		765,722	2,973,624	3,739,346	3,946,533
1A		10/01/03 - 06/30/04					6,249,829		1,716,335	8,296,667	10,013,002	10,618,948
2	Medi-Cal SMA	07/01/03 - 09/30/03					1,289,478		664,620	2,734,258	3,398,878	3,720,934
2A		10/01/03 - 06/30/04					3,872,028		1,489,718	7,628,816	9,118,534	10,088,850
3	Medi-Cal P. C.	07/01/03 - 09/30/03					1,723,392		764,995	3,140,690	3,905,686	3,905,686
3A		10/01/03 - 06/30/04					5,485,920		1,714,706	8,762,901	10,477,607	10,477,607
4	Medi-Cal N. R.	07/01/03 - 09/30/03					1,289,478		664,620	2,734,258	3,398,878	3,398,878
4A		10/01/03 - 06/30/04					3,872,028		1,489,718	7,628,816	9,118,534	9,118,534
5	Medi-Cal Gross Reimbursement	07/01/03 - 09/30/03					1,289,478		664,620	2,734,258	3,398,878	3,606,065
5A		10/01/03 - 06/30/04					3,872,028		1,489,718	7,628,816	9,118,534	9,724,480
6	Medicare/Medi-Cal Crossover Cost	07/01/03 - 09/30/03					1,112,818		232,569	210,917	443,487	443,487
6A		10/01/03 - 06/30/04								200,372	200,372	200,372
7	Medicare/Medi-Cal Crossover SMA	07/01/03 - 09/30/03					772,086		201,862	193,939	395,801	395,801
7A		10/01/03 - 06/30/04								184,243	184,243	184,243
8	Medicare/Medi-Cal Crossover P. C.	07/01/03 - 09/30/03					976,800		232,349	223,211	455,560	455,560
8A		10/01/03 - 06/30/04								212,032	212,032	212,032
9	Medicare/Medi-Cal Crossover N. R.	07/01/03 - 09/30/03					772,086		201,862	193,939	395,801	395,801
9A		10/01/03 - 06/30/04								184,243	184,243	184,243
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/03 - 09/30/03					772,086		201,862	193,939	395,801	395,801
10A		10/01/03 - 06/30/04								184,243	184,243	184,243
11	Total SD/MC + Crossover Gross Reim.	07/01/03 - 09/30/03					2,061,563		866,482	2,928,197	3,794,679	4,001,867
11A		10/01/03 - 06/30/04					3,872,028		1,489,718	7,813,056	9,302,777	9,908,723
12	Enhanced SD/MC (Children) Cost	07/01/03 - 09/30/03							2,961	17,477	20,438	21,831
12A		10/01/03 - 06/30/04							7,206	50,332	57,538	57,538
13	Enhanced SD/MC (Children) SMA	07/01/03 - 09/30/03							2,570	16,070	18,640	20,782
13A		10/01/03 - 06/30/04							6,255	46,280	52,535	52,535
14	Enhanced SD/MC (Children) P. C.	07/01/03 - 09/30/03							2,959	18,454	21,412	21,412
14A		10/01/03 - 06/30/04							7,199	53,155	60,355	60,355
15	Enhanced SD/MC (Children) N. R.	07/01/03 - 09/30/03							2,570	16,070	18,640	18,640
15A		10/01/03 - 06/30/04							6,255	46,280	52,535	52,535
16	Enhanced SD/MC (Children) Gross Reim.	07/01/03 - 09/30/03							2,570	16,070	18,640	20,033
16A		10/01/03 - 06/30/04							6,255	46,280	52,535	52,535
17	Enhanced SD/MC (Refugees) Cost	07/01/03 - 06/30/04							888		888	1,299
18	Enhanced SD/MC (Refugees) SMA	07/01/03 - 06/30/04							771		771	1,327
19	Enhanced SD/MC (Refugees) P. C.	07/01/03 - 06/30/04							888		888	888
20	Enhanced SD/MC (Refugees) N. R.	07/01/03 - 06/30/04							771		771	771
21	Total Medi-Cal Gross Reimbursement (Excludes Refugees)	07/01/03 - 09/30/03					2,061,563		869,052	2,944,267	3,813,319	4,021,900
21A		10/01/03 - 06/30/04					3,872,028		1,495,973	7,859,339	9,355,312	9,961,258
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/03 - 06/30/04							771		771	1,181
23	Healthy Families Cost	07/01/03 - 09/30/03										
23A		10/01/03 - 06/30/04										
24	Healthy Families SMA	07/01/03 - 09/30/03										
24A		10/01/03 - 06/30/04										
25	Healthy Families P. C.	07/01/03 - 09/30/03										
25A		10/01/03 - 06/30/04										
26	Healthy Families N. R.	07/01/03 - 09/30/03										
26A		10/01/03 - 06/30/04										
27	Healthy Families Gross Reim.	07/01/03 - 09/30/03										
27A		10/01/03 - 06/30/04										
28	Less: Patient and Other Payor Revenue											
28A	SD/MC + Crossover Revenue	07/01/03 - 09/30/03					785,802		178,052		178,052	178,052
28A		10/01/03 - 06/30/04										
29	Enhanced SD/MC (Children) Revenue											
30	Enhanced SD/MC (Refugees) Revenue											
31	Healthy Families Revenue											
32	Total Expenditures from MAA (Mode 55)		9,782	656,497	61,836	728,115						
33	Medi-Cal Eligibility Factor (Average)			52.29%								
34	Revenue - MAA											
35	Net Due - SD/MC for Direct Services	07/01/03 - 09/30/03	9,782	343,299	32,336	385,416	1,275,761		691,000	2,944,267	3,635,267	3,843,848
35A		10/01/03 - 06/30/04					3,872,028		1,495,973	7,859,339	9,355,312	9,961,258
36	Net Due - Enhanced SD/MC (Refugees)								771		771	1,181
37	Net Due - Healthy Families	07/01/03 - 09/30/03										
37A		10/01/03 - 06/30/04										
38	Amount Negotiated Rates Exceed Costs											
38A	SD/MC (Includes Children)	07/01/03 - 09/30/03										
38A		10/01/03 - 06/30/04										
39	Enhanced SD/MC (Refugees)											
40	Healthy Families	07/01/03 - 09/30/03										
40A		10/01/03 - 06/30/04										

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

SD/MC PRELIMINARY DESK SETTLEMENT
MH 1979 (08/04)

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY
County Code: 43

Legal Entity: SANTA CLARA COUNTY		A	B	C	D	E	F	G	H	I	J
Legal Entity Number: 00043		Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	54.35% FFP	52.95% FFP	Variable % FFP	75.00% FFP	Total FFP
	SD/MC Administrative Reimbursement (County Only)										
1	County SD/MC Direct Service Gross Reimbursement		5,933,591	13,984,339	19,917,930						
2	Contract Providers Medi-Cal Direct Service Gross Reimbursement		2,005,590	44,251,347	46,256,937						
3	Total Medi-Cal Direct Service Gross Reimbursement				66,174,867						
4	Medi-Cal Administrative Reimbursement Limit				9,926,230						
5	Medi-Cal Administration				13,066,075						
6	Medi-Cal Administrative Reimbursement				9,926,230	4,963,115					4,963,115
	Healthy Families Administrative Reimbursement (County Only)										
7	County Healthy Families Direct Service Gross Reimbursement										
7A	Contract Providers Healthy Families Direct Service Gross Reim.			27,595	27,595						
7B	Total Healthy Families Direct Service Gross Reimbursement				27,595						
8	Healthy Families Administrative Reimbursement Limit				2,760						
9	Healthy Families Administration										
10	Healthy Families Administrative Reimbursement										
	SD/MC Net Reimbursement for MAA										
11	Medi-Cal Admin. Activities Svc Functions 01 - 09	9,782			9,782	4,891					4,891
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39	343,299			343,299	171,649					171,649
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)	32,336			32,336					24,252	24,252
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)				715,469					536,602	536,602
15	Other SD/MC Utilization Review (County Only)				192,996	96,498					96,498
16	SD/MC Net Reimbursement for Direct Services	07/01/03 - 09/30/03		1,275,761	3,823,815	5,099,576		2,771,620			2,771,620
16A		10/01/03 - 06/30/04		3,872,028	9,908,723	13,780,750		7,296,907			7,296,907
17	Enhanced SD/MC Net Reimb. (Children)	07/01/03 - 09/30/03			20,033	20,033			13,021		13,021
17A		10/01/03 - 06/30/04			52,535	52,535			34,148		34,148
18	Enhanced SD/MC Net Reimb. (Refugees)			1,181	1,181				1,181		1,181
19	Total SD/MC Reimbursement Before Excess FFP										15,913,884
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC										
21	Total SD/MC Reimbursement (FFP)										15,913,884
22	Contract Limitation Adjustment										
23	Adjusted Total SD/MC Reimbursement (FFP)										15,913,884
24	Healthy Families Net Reimbursement	07/01/03 - 09/30/03									
24A		10/01/03 - 06/30/04									
25	Total Healthy Families Reimbursement Before Excess FFP										
26	Amount Negotiated Rates Exceed Costs - Healthy Families										
27	Total Healthy Families Reimbursement										

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 CALCULATION OF SHORT-DOYLE/MEDI-CAL
 FOR FY 2003 - 2004 HOSPITAL ADMINISTRATIVE DAYS
 MH 1991 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

COUNTY NAME: SANTA CLARA COUNTY		LEGAL ENTITY			NAME: SANTA CLARA COUNTY			
COUNTY CODE: 43					NUMBER: 00043			
A	B	C	D	E	F	G	H	I
Settlement Group	PROVIDER NUMBER	SMA RATE	PERIOD OF SERVICE	ADMIN DAYS	SUBTOTAL AMOUNT	PHYSICIAN COSTS	ANCILLARY COSTS	TOTAL AMOUNT
SD/MC	43301	\$236.38	07/01/03 - 07/31/03	183	\$ 43,258	\$28,345	\$32,867	\$104,470
	43301	\$236.82	08/01/03 - 09/30/03	372	\$ 88,097	\$55,775	\$64,675	\$208,547
	43301	\$236.82	10/01/03 - 12/31/03	535	\$ 126,699	\$84,119	\$97,542	\$308,360
	43301	\$236.82	01/01/04 - 06/30/04	1,360	\$ 322,075	\$166,410	\$192,963	\$681,448
							Sub Total:	\$ 1,302,824
Children EMC		\$236.38	07/01/03 - 07/31/03					
		\$236.82	08/01/03 - 09/30/03					
		\$236.82	10/01/03 - 12/31/03					
		\$236.82	01/01/04 - 06/30/04					
							Sub Total:	
Refugees EMC		\$236.38	07/01/03 - 07/31/03					
		\$236.82	08/01/03 - 09/30/03					
		\$236.82	10/01/03 - 12/31/03					
		\$236.82	01/01/04 - 06/30/04					
							Sub Total:	
Healthy Families		\$236.38	07/01/03 - 07/31/03					
		\$236.82	08/01/03 - 09/30/03					
		\$236.82	10/01/03 - 12/31/03					
		\$236.82	01/01/04 - 06/30/04					
							Sub Total:	
GRAND TOTAL					\$ 580,128	\$ 334,649	\$ 388,047	\$ 1,302,824

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA CLARA COUNTY				00043	123	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
1	MH 1960	2	C	ENCUMBRANCES To adjust encumbrances to agree with the County's records and supporting documentation. According to the County staff, these costs were accrual adjustments that have been correctly included in the general ledger after the submission of the cost report.	\$ 7,466,698	\$ (7,466,698)	\$ 0
2	MH 1960	3	C	PAYMENTS TO CONTRACT PROVIDERS To adjust payments to contract providers to agree with the County's records and supporting documentation.	\$ (70,544,983)	\$ (1,216,945)	\$ (71,761,928)
3	MH 1960	4	C	OTHER ADJUSTMENTS To adjust other adjustments to reflect the actual expenditures for IP/EPS supported by the County's records and supporting documents.	\$ (19,514,887)	\$ (99,841)	\$ (19,614,728) *
4	MH 1960	4	C	OTHER ADJUSTMENTS To adjust other adjustments to agree with the County's General Ledger for IP/EPS expenditures.	** \$ (19,614,728)	\$ 433,853	\$ (19,180,875) *
5	MH 1960	4	C	OTHER ADJUSTMENTS To adjust other adjustments to reflect the actual board and care costs supported by the County's records and supporting documents.	** \$ (19,180,875)	\$ 75,360	\$ (19,105,515) *
6	MH 1960	4	C	OTHER ADJUSTMENTS To adjust other adjustments to account for the actual IMD expenditures per County's records and supporting documents.	** \$ (19,105,515)	\$ 1,957,877	\$ (17,147,638) *
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider SANTA CLARA COUNTY				Provider Number 00043	No. of Adj. 123	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
7	MH 1960	4	C	OTHER ADJUSTMENTS To adjust other adjustments to reflect the expenditures for the Charter Hospital per County's records and supporting documents.	** \$ (17,147,638)	\$ 4,278,859	\$ (12,868,779) *
8	MH 1960	4	C	OTHER ADJUSTMENTS To adjust other adjustments to exclude Charter Adult expenditures to agree with the County's records and supporting documents.	** \$ (12,868,779)	\$ (1,848,004)	\$ (14,716,783) *
9	MH 1960	4	C	OTHER ADJUSTMENTS To adjust other adjustments to increase FFS expenditures to reflect the actual claims.	** \$ (14,716,783)	\$ 42,320	\$ (14,674,463) *
10	MH 1960	4	C	OTHER ADJUSTMENTS To adjust other adjustments to eliminate I/P consolidation costs incorrectly reported on line 7 of the MH 1960 form of the original cost report.	** \$ (14,674,463)	\$ (1,002,795)	\$ (15,677,258) *
11	MH 1960	6	C	MEDI-CAL ADJUSTMENTS FROM MH 1961 To adjust medi-cal adjustments to account for the actual equipment purchases for fiscal year 03-04.	\$ (17,450,848)	\$ 99,197	\$ (17,351,651) *
12	MH 1960	6	C	MEDI-CAL ADJUSTMENTS FROM MH 1961 To adjust medi-cal adjustments to reflect the allowable depreciation for building and equipment.	** \$ (17,351,651)	\$ (18,431)	\$ (17,370,082) *
13	MH 1960	6	C	MEDI-CAL ADJUSTMENTS FROM MH 1961 To adjust medi-cal adjustments to reflect allowable prior year costs based on the County's records and supporting documents. * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.	** \$ (17,370,082)	\$ 1,402,945	\$ (15,967,137)

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA CLARA COUNTY				00043	123	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
<u>ADJUSTMENTS TO REPORTED COSTS</u>							
14	MH 1960	7	C	MANAGED CARE CONSOLIDATION To adjust managed care consolidation to eliminate I/P consolidation expenditures that was adjusted in other adjustments. See adjustment 9 above.	\$ (1,002,795)	\$ 1,002,795	\$ 0
15	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To adjust allowable costs for allocation to reflect the effect of adjustments 1 through 13 above.	\$ 98,218,425	\$ (2,359,508)	\$ 95,858,917
16	MH 1960	9	C	SD/MC ADMINISTRATION	\$ 14,418,266	\$ (1,352,191)	\$ 13,066,075
17	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	\$ 1,676	\$ (1,676)	\$ 0
18	MH 1960	11	C	NON-SD/MC ADMINISTRATION	\$ 11,519,871	\$ (21,449)	\$ 11,498,422
19	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS To adjust administrative costs to agree with the County's records and supporting documents. The gross cost distribution method was used to allocate the audited costs between the above components. This method agrees with proir years audits.	\$ 25,939,813	\$ (1,375,316)	\$ 24,564,497
20	MH 1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL	\$ 1,365,085	\$ (649,616)	\$ 715,469
21	MH 1960	14	C	OTHER SD/MC UTILIZATION REVIEW	\$ 184,475	\$ 8,521	\$ 192,996
22	MH 1960	15	C	NON SD/MC UTILIZATION REVIEW	\$ 147,375	\$ 641,095	\$ 788,470
	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS To adjust utilization review costs to agree with the County's records and supporting documents. The gross cost distribution method was used to allocate the audited costs between the above components. This method agrees with proir years audits.	\$ 1,696,935	\$ 0	\$ 1,696,935
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider SANTA CLARA COUNTY				Provider Number 00043	No. of Adj. 123	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICES</u>			
23	MH 1964	2	A	HOSPITAL INPATIENT SERVICES (MODE 05 - SFC 10-19)	\$ 21,354,530	\$ (149,625)	\$ 21,204,905
24	MH 1964	3	A	OTHER 24 HOUR SERVICES (MODE 05-ALL OTHER SFC)	\$ 7,337,767	\$ (374,268)	\$ 6,963,499
25	MH 1964	4	A	DAY SERVICES (MODE 10)	\$ 10,490,210	\$ 46,096	\$ 10,536,306
26	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM 2)	\$ 30,556,298	\$ (506,396)	\$ 30,049,902
	MH 1964	6	A	OUTREACH SERVICES (MODE 45)	\$ 114,758	\$ 0	\$ 114,758
	MH 1964	7	A	MEDI-CALADMINISTRATIVE ACTIVITIES (MODE 55)	\$ 728,115	\$ 0	\$ 728,115
	MH 1964	8	A	SUPPORT SERVICES (MODE 60)	\$ 0	\$ 0	\$ 0
27	MH 1964	9	A	TOTAL	\$ <u>70,581,678</u>	\$ <u>(984,193)</u>	\$ <u>69,597,485</u>
				To accurately reflect expenditures by mode of service to agree with the above adjustments.			
				<u>ADJUSTMENTS TO REPORTED TOTAL UNITS OF SERVICE/TIME - COUNTY OPERATED</u>			
28	MH 1966a	2	B	SFC 15-01	3,424,296	(3,155)	3,421,141
29	MH 1966a	2	C	SFC 15-10	6,059,233	(194,663)	5,864,570
30	MH 1966a	2	D	SFC 15-60	1,393,545	(7,815)	1,385,730
31	MH 1966a	2	E	SFC 15-70	155,650	(52,830)	102,820
32	MH 1966a	2	B	ASO Provider 15-10	74,430	13,155	87,585
33	MH 1966a	2	C	ASO Provider 15-60	1,515	315	1,830
34	MH 1966a	2	D	MHS Provider 15-10	20,770	2,895	23,665
35	MH 1966a	2	E	MHS Provider 15-60	366,135	10,085	376,220
36	MH 1966a	2	F	MHS Provider 15-11	8,940	1,800	10,740
37	MH 1966a	2	G	MHS Provider 15-12	21,030	1,095	22,125
38	MH 1966a	2	I	MHS Provider 15-61	915	95	1,010
				<u>TOTAL UNITS OF SERVICE/TIME - CONTRACT PROVIDER</u>			
39	MH 1966a	2	B	Gardner SFC 15-01	739,616	6,843	746,459
40	MH 1966a	2	C	Gardner SFC 15-10	2,039,403	14,445	2,053,848
41	MH 1966a	2	F	Gardner SFC 15-58	63,545	16,170	79,715
42	MH 1966a	2	D	Gardner SFC 15-60	100,468	340	100,808
				To adjust the reported total units of service/time to agree with the County's records and supporting documents.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA CLARA COUNTY				00043	123	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED MEDICAL UNITS/TIME COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
43	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03	1,238,153	7,075	1,245,228 *
44	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04	3,226,582	258,215	3,484,797 *
45	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03	48,937	4	48,941 *
46	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04	61,001	(16,123)	44,878 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03	7,519	0	7,519 *
47	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04	18,740	1,970	20,710 *
48	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	210	9	219 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03	0	0	0 *
49	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04	1,254	(1,254)	0 *
50				TOTAL	<u>4,602,396</u>	<u>264,304</u>	<u>4,852,292 *</u>
				To adjust the above mentioned settled units of service/time for the County Operated facilities to agree with the State DMH Approved Claims Report dated April 28, 2009 (Excluding disallowed claims of 0 uos/uot). The auditor submitted workpapers to the County which shows the details of the above adjustments. Phase II was included.			
51	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03	** 1,245,228	0	1,245,228 *
	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04	** 3,484,797	(332)	3,484,465 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03	** 48,941	0	48,941 *
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04	** 44,878	0	44,878 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03	** 7,519	0	7,519 *
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04	** 20,710	0	20,710 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	** 219	0	219 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03	** 0	0	0 *
52	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04	** 0	0	0 *
				TOTAL	<u>** 4,852,292</u>	<u>(332)</u>	<u>4,851,960 *</u>
				To adjust the State DMH Approved Claims Report dated April 28, 2009 to incorporate the results of the EPSDT audit findings dated October 19, 2005. This audit was conducted by the State DMH Oversight Branch.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA CLARA COUNTY				#REF!	123	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED MEDICAL UNITS/TIME COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
53	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 **	1,245,228	(2,635)	1,242,593 *
54	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04 **	3,484,465	(7,904)	3,476,561 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 **	48,941	0	48,941 *
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 **	44,878	0	44,878 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 **	7,519	0	7,519 *
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 **	20,710	0	20,710 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 **	219	0	219 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 **	0	0	0 *
	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 **	0	0	0 *
55				TOTAL **	<u>4,851,960</u>	<u>(10,539)</u>	<u>4,841,421</u> *
				To adjust the SD/MC units of service/time to incorporate the QA/UR disallowances made by the County.			
56	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 **	1,242,593	(4,481)	1,238,112 *
57	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04 **	3,476,561	(1,028)	3,475,533 *
58	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 **	48,941	37	48,978 *
59	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 **	44,878	(37)	44,841 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 **	7,519	0	7,519 *
60	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 **	20,710	(1,262)	19,448 *
61	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 **	219	(9)	210 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 **	0	0	0 *
62	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 **	0	1,254	1,254 *
63				TOTAL **	<u>4,841,421</u>	<u>(5,526)</u>	<u>4,835,895</u> *
				To adjust the SD/MC, Enhanced and Healthy Families units of service/time to agree with the County's records dated october 2008.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA CLARA COUNTY				00043	123	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED MEDICAL UNITS/TIME COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
64	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 **	1,238,112	0	1,238,112 *
	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04 **	3,475,533	(332)	3,475,201 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 **	48,978	0	48,978 *
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 **	44,841	0	44,841 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 **	7,519	0	7,519 *
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 **	19,448	0	19,448 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 **	210	0	210 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 **	0	0	0 *
65	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 **	1,254	0	1,254 *
				TOTAL **	<u>4,835,895</u>	<u>(332)</u>	<u>4,835,563</u> *
	To adjust the County's records to incorporate the results of the EPSDT audit findings dated October 19, 2005. This audit was conducted by the State DMH Oversight Branch.						
66	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 **	1,238,112	(2,636)	1,235,476 *
67	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04 **	3,475,201	(7,904)	3,467,297 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 **	48,978	0	48,978 *
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 **	44,841	0	44,841 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 **	7,519	0	7,519 *
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 **	19,448	0	19,448 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 **	210	0	210 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 **	0	0	0 *
68	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 **	1,254	0	1,254 *
				TOTAL **	<u>4,835,563</u>	<u>(10,540)</u>	<u>4,825,023</u> *
				To adjust the SD/MC units of service/time to incorporate the QA/UR disallowances made by the County.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA CLARA COUNTY				00043	123	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED MEDICAL UNITS/TIME</u>			
				<u>COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
69	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 **	1,235,476	0	1,235,476 *
	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04 **	3,467,297	7,129	3,474,426 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 **	48,978	0	48,978 *
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 **	44,841	0	44,841 *
70	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 **	7,519	0	7,519 *
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 **	19,448	8	19,456 *
71	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 **	210	9	219 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 **	0	0	0 *
72	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 **	1,254	0	1,254 *
				TOTAL **	4,825,023	7,146	4,832,169 *
				To adjust the above mentioned settled units of service/time for the County Operated facilities to recognize the units of service/time that were recently processed through the claims system of the State Department of Mental Health. The County worked closely with the MedCCC unit affiliated with the State Department of Mental Health. These units are included in the DMH Summary report dated April 28, 2009.			
73	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 **	1,235,476	0	1,235,476
	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04 **	3,474,426	0	3,474,426
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 **	48,978	0	48,978
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 **	44,841	0	44,841
74	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 **	7,519	0	7,519
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 **	19,456	0	19,456
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 **	219	0	219
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 **	0	0	0
74	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 **	1,254	(1,254)	0
				TOTAL **	4,832,169	(1,254)	4,830,915
				To adjust the above mentioned units of service/time to incorporate the controls of the lower of DMH approved units vs. the County's records by SFC. The auditor submitted work papers to the County which shows details of the above adjustments.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider SANTA CLARA COUNTY				Provider Number 00012	No. of Adj. 123	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED MEDICAL UNITS/TIME CONTRACT PROVIDERS</u>			
75	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03	4,274,957	20,428	4,295,385 *
76	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04	11,229,155	1,167,701	12,396,856 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03	1,010	0	1,010 *
77	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04	338	46	384 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03	32,997	0	32,997 *
78	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04	119,306	13,354	132,660 *
79	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	561	375	936 *
80	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03	2,008	1,341	3,349 *
81	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04	11,075	(2,112)	8,963 *
82				TOTAL	15,671,407	1,198,625	16,872,540 *
				To adjust the above mentioned settled units of service/time for the County Operated facilities to agree with the State DMH Approved Claims Report dated April 28, 2009 (Excluding disallowed claims of 4,440 uos/uot). The auditor submitted workpapers to the County which shows the details of the above adjustments.			
83	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03	** 4,295,385	0	4,295,385 *
	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04	** 12,396,856	(385)	12,396,471 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03	** 1,010	0	1,010 *
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04	** 384	0	384 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03	** 32,997	0	32,997 *
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04	** 132,660	0	132,660 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	** 936	0	936 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03	** 3,349	0	3,349 *
84	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04	** 8,963	0	8,963 *
				TOTAL	** 16,872,540	(385)	16,872,155 *
				To adjust the State DMH Approved Claims Report dated April 28, 2009 to incorporate the results of the EPSDT audit findings dated October 19, 2005. This audit was conducted by the State DMH Oversight Branch.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA CLARA COUNTY				00043	123	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED MEDICAL UNITS/TIME CONTRACT PROVIDERS</u>			
85	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 **	4,295,385	(6,898)	4,288,487 *
86	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04 **	12,396,471	(20,690)	12,375,781 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 **	1,010	0	1,010 *
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 **	384	0	384 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 **	32,997	0	32,997 *
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 **	132,660	0	132,660 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 **	936	0	936 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 **	3,349	0	3,349 *
	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 **	8,963	0	8,963 *
87				TOTAL **	<u>16,872,155</u>	<u>(27,588)</u>	<u>16,844,567</u> *
				To adjust the SD/MC units of service/time to incorporate the QAVUR disallowances made by the County.			
88	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 **	4,288,487	(13,531)	4,274,956 *
89	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04 **	12,375,781	24,384	12,400,165 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 **	1,010	0	1,010 *
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 **	384	0	384 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 **	32,997	0	32,997 *
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 **	132,660	(358)	132,302 *
90	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 **	936	0	936 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 **	3,349	(1,341)	2,008 *
91	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 **	8,963	(8)	8,955 *
92				TOTAL **	<u>16,844,567</u>	<u>9,146</u>	<u>16,853,713</u> *
93							
				To adjust the SD/MC, Enhanced and Healthy Families units of service/time to agree with the County's records dated october 2008.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA CLARA COUNTY				00043	123	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED MEDICAL UNITS/TIME CONTRACT PROVIDERS</u>			
94	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 **	4,274,956	0	4,274,956 *
	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04 **	12,400,165	(4,440)	12,395,725 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 **	1,010	0	1,010 *
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 **	384	0	384 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 **	32,997	0	32,997 *
95	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 **	132,302	(70)	132,232 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 **	936	0	936 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 **	2,008	0	2,008 *
	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 **	8,955	0	8,955 *
96				TOTAL **	<u>16,853,713</u>	<u>(4,510)</u>	<u>16,849,203</u> *
				To adjust the County's records to account for the units of service/time that the County entered into the Disallowed Claims System (DCS). These units must be removed since they are still included in the County's records.			
97	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 **	4,274,956	0	4,274,956 *
	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04 **	12,395,725	(385)	12,395,340 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 **	1,010	0	1,010 *
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 **	384	0	384 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 **	32,997	0	32,997 *
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 **	132,232	0	132,232 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 **	936	0	936 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 **	2,008	0	2,008 *
	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 **	8,955	0	8,955 *
98				TOTAL **	<u>16,849,203</u>	<u>(385)</u>	<u>16,848,818</u> *
				To adjust the County's records to incorporate the results of the EPSDT audit findings dated October 19, 2005. This audit was conducted by the State DMH Oversight Branch.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider SANTA CLARA COUNTY				Provider Number 00043	No. of Adj. 123	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED MEDICAL UNITS/TIME CONTRACT PROVIDERS</u>			
99	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 **	4,274,956	(6,904)	4,268,052 *
100	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04 **	12,395,340	(20,693)	12,374,647 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 **	1,010	0	1,010 *
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 **	384	0	384 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 **	32,997	0	32,997 *
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 **	132,232	0	132,232 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 **	936	0	936 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 **	2,008	0	2,008 *
	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 **	8,955	0	8,955 *
101				TOTAL **	<u>16,848,818</u>	<u>(27,597)</u>	<u>16,821,221</u> *
				To adjust the SD/MC units of service/time to incorporate the QA/UR disallowances made by the County.			
	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 **	4,268,052	0	4,268,052 *
	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04 **	12,374,647	0	12,374,647 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 **	1,010	0	1,010 *
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 **	384	0	384 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 **	32,997	0	32,997 *
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 **	132,232	0	132,232 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 **	936	0	936 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 **	2,008	0	2,008 *
	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 **	8,955	0	8,955 *
				TOTAL **	<u>16,821,221</u>	<u>0</u>	<u>16,821,221</u> *
				To adjust the above mentioned settled units of service/time for the County Operated facilities to recognize the units of service/time that were recently processed through the claims system of the State Department of Mental Health. The County worked closely with the MedCCC unit affiliated with the State Department of Mental Health. These units are included in the DMH Summary report dated April 28, 2009.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider SANTA CLARA COUNTY				Provider Number 00043	No. of Adj. 123	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED MEDICAL UNITS/TIME CONTRACT PROVIDERS</u>			
102	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 **	4,268,052	1	4,268,053
103	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04 **	12,374,647	(71)	12,374,576
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 **	1,010	0	1,010
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 **	384	0	384
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 **	32,997	0	32,997
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 **	132,232	0	132,232
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 **	936	0	936
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 **	2,008	0	2,008
104	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 **	8,955	(9)	8,946
105				TOTAL **	16,821,221	(79)	16,821,142
				To adjust the above mentioned units of service/time to incorporate the controls of the lower of DMH approved units vs. the County's records by SFC. The auditor submitted work papers to the County which shows details of the above adjustments.			
				<u>ADJUSTMENTS TO PATIENT AND OTHER PAYOR REVENUES - COUNTY OPERATED</u>			
106	MH 1968	28A	E	SD/MC AND CROSSOVER REVENUES 10/01/03 - 06/30/04 INPATIENT	\$ 1,944,060	\$ (1,944,060)	\$ 0
107	MH 1968	28A	B	SD/MC AND CROSSOVER REVENUES 10/01/03 - 06/30/04 CRISIS STABALIZATION	\$ 534,155	\$ (534,155)	\$ 0
				To adjust SD/MC and Crossover revenues to agree with the County's records and supporting documents.			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA CLARA COUNTY				00043	123	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT COUNTY PROVIDERS</u>			
108	MH 1979	23	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SD/MC)	\$ 17,078,441	\$ (1,164,557)	\$ 15,913,884
109	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT	\$ 2,822	\$ (2,822)	\$ 0
				TOTAL REIMBURSEMENT - COUNTY PROVIDERS	\$ 17,081,263	\$ (1,167,379)	\$ 15,913,884
				To adjust the SD/MC (FFP), Enhanced (FFP) and Healthy Families (FFP) due to adjustments to costs and units of service/time.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA CLARA COUNTY				00043	123	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT CONTRACT PROVIDERS</u>			
110	MH 1979	23	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SD/MC)	\$ 21,919,603	\$ 1,542,621	\$ 23,462,224
111	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT	\$ 21,266	\$ (3,330)	\$ 17,936
				TOTAL REIMBURSEMENT - CONTRACT PROVIDERS	\$ 21,940,869	\$ 1,539,291	\$ 23,480,160
				To adjust the SD/MC (FFP) and Healthy Families (FFP) due to adjustments to revenues and units of service/time.			
				Achieve 00144	\$ 233,468	\$ 2,458	\$ 235,926
				Family & Children Services 00150	422,927	19,714	442,641
				AACI 00151	793,878	24,538	818,416
				Catholic Charities 00153	336,595	3,888	340,483
				Chamberlain's 00154	398,561	7,747	406,308
				Eastfield Ming Quong, Inc. 00156	6,257,716	323,618	6,581,334
				Hope Rehabilitation Services 00157	427,281	11,406	438,687
				Indian Health Center 00158	101,150	516	101,666
				Inn Visions 00159	58,064	2,045	60,109
				Mekong Community Center 00160	168,809	4,356	173,165
				Ujima 00163	214,788	8,135	222,923
				Community Solutions 00164	931,473	72,995	1,004,468
				Children's Health Council 00250	117,427	3,014	120,441
				Gardner Family Care Corp. 00251	1,655,650	85,826	1,741,476
				Odd-Fellow Rebeka 00255	1,844,296	69,135	1,913,431
				Alliance for Community Care 00689	5,012,381	663,890	5,676,271
				Grace Baptist 00716	261,109	30,715	291,824
				Starlight Adolescent 00840	1,674,475	18,490	1,692,965
				Eastern European Serv. Agy 00959	137,262	(1,444)	135,818
				Oasis Care, Inc. 01031	893,559	188,249	1,081,808
				Total	\$ 21,940,869	\$ 1,539,291	\$ 23,480,160
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider SANTA CLARA COUNTY				Provider Number 00043	No. of Adj. 123	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO AS SETTLED EPSDT STATE GENERAL FUNDS</u>			
112	SCH 4	1	3	SD/MC ACTUALS To adjust SD/MC actuals as a result of adjustments to total computable Medical Costs as reflected in the MH 1979 forms for both the County Program and its contract providers. The amounts utilized for this purpose was SD/MC and Enhanced for Outpatient services only.	\$ 55,109,218	\$ 2,881,797	\$ 57,991,015
113	SCH 4	2	3	TOTAL SD/MC CLAIMS	\$ 61,451,702	\$ (18,078)	\$ 61,433,624 *
114	SCH 4	4	3	EPSDT CLAIMS To adjust total SD/MC claims and EPSDT claims to include the results of the Department's audit of the EPSDT Program conducted by the State Department of Mental Health as reflected in the report dated October 19, 2005. The Report covered the period from April 1, 2004 through June 30, 2004. This represents the original recoupment.	\$ 29,829,955	\$ (18,078)	\$ 29,811,877 *
115	SCH 4	2	3	TOTAL SD/MC CLAIMS **	\$ 61,433,624	\$ 18,078	\$ 61,451,702 *
116	SCH 4	4	3	EPSDT CLAIMS To adjust total SD/MC claims and EPSDT claims to reverse the original recoupment included in adjustments 113 and 114 above. The revised findings affecting "Total SD/MC Claims and EPSDT Claims" will be taken in adjustments 117 and 118 below.	\$ 29,811,877	\$ 18,078	\$ 29,829,955 *
117	SCH 4	2	3	TOTAL SD/MC CLAIMS **	\$ 61,451,702	\$ (1,717)	\$ 61,449,985
118	SCH 4	4	3	EPSDT CLAIMS To adjust total SD/MC claims and EPSDT claims to include the results of the Department's revised audit of the EPSDT Program conducted by the State Department of Mental Health as reflected in the report dated October 19, 2005. The Report covered the period from April 1, 2004 through June 30, 2004. This represents the revised recoupment.	\$ 29,829,955	\$ (1,717)	\$ 29,828,238
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider SANTA CLARA COUNTY				Provider Number 00043	No. of Adj. 123	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO AS SETTLED EPSDT STATE GENERAL FUNDS</u>			
119	SCH 4	10	3	NET COST SETTLEMENT AMOUNT To adjust net cost settlement amount as a result of adjustments to SD/MC actuals (Total Computable Medical), total SD/MC claims and EPSDT claims.	\$ 7,928,291	\$ 587,329	\$ 8,515,620
120	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION To adjust State General Fund Distribution to include the results of the Department's audit of the EPSDT Program conducted by the State Department of Mental Health as reflected in the report dated October 19, 2005. The Report covered the period from April 1, 2004 through June 30, 2004. This represents the SGF original recoupment.	\$ 7,928,291	\$ (6,344)	\$ 7,921,947 *
121	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION To adjust State General Fund Distribution to reverse the original SGF recoupment included in adjustment 120 above. The revised findings affecting "State General Fund Distribution" will be taken in adjustments 122 below.	** \$ 7,921,947	\$ 6,344	\$ 7,928,291 *
122	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION To adjust the State General Fund Distribution to reflect the results of the revised EPSDT findings included in the final report dated October 19, 2005.	** \$ 7,928,291	\$ (492)	\$ 7,927,799
123	SCH 4	11	3	STATE GENERAL FUNDS DUE COUNTY To adjust state general funds due County to incorporate the results of adjustments 112 through 122 above.	\$ 0	\$ 587,821	\$ 587,821
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			